

COMMISSION ON LEGAL COUNSEL FOR INDIGENTS
REQUEST FOR PAYMENT OF EXTRA-ORDINARY COSTS/EXPENSES
(Please review instruction sheet to be used with this Request)

Name of attorney making request: _____

Case name _____

Case # and County: _____

Charge: _____

List type of cost/expense requested: _____

List reasons this cost/expense is necessary for the case (attach additional page if necessary):

Set forth approximate amount expenditure will be, including hourly rate, quotes, out-of-pocket expenses, and approximate hours expert or witness will expend on the case:

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What efforts have been made to find alternatives to the above requested expenditures, if any?

Dated this ____ day of _____, 2008

Attorney

I, Robin Huseby/Jean Delaney, do herein APPROVE DENY MODIFY attached request for payment of extra-ordinary costs/expenses submitted as follows:

Dated this ____ day of _____, 2008

Robin Huseby/Jean Delaney

Faxed or mailed to attorney _____, on this ____ day of _____,
2008 _____[initials]